

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICANT

: Jackowski, G.

: Method for Diagnosing and
Distinguishing Stroke and
Diagnostic Devices for Use
Therein

: 09/621,592

: July 21, 2000

: Cook, L.

: 1641

: 2132.005

RECEIVED
APR - 2 2001
OFFICE OF PETITIONSINVENTION
MAR 30 2001
PATENT & TRADEMARK OFFICE
SERIAL NUMBER

FILING DATE

EXAMINER

GROUP ART UNIT

OUR FILE NO.

To: The Commissioner of Patents and Trademarks
Washington, D.C. 2023104/03/2001 LGIBBS 00000015 09621592
01 FC:197 1007.00 OPItemization of Deficiency Payment - 37 CFR 1.28(c)(ii)

Particular Type of Fee Paid As Small Entity	Small Entity Fee Paid	Date of Payment	Current Fee Non-Small Entity	Deficiency Owed
Filing Fee - Code 201	\$345.00	2/22/00	\$710.00	\$365.00
Excess Claim Fee Code 203	\$117.00	2/22/00	\$234.00	\$117.00

Adjustment date: 04/03/2001 LGIBBS
04/02/2001 SLUANG1 00000002 09621592
02 FC:117 -890.00 OPTOTAL FEE DEFICIENCY

\$482.00

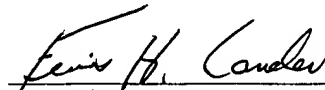
04/02/2001 SLUANG1 00000002 09621592
01 FC:101 710.00 OP
04/02/2001 SLUANG1 00000002 09621592
03 FC:699 117.00 OPAdjustment date: 04/02/2001 SLUANG1
08/02/2000 PALLER 00000074 09621592
01 FC:201 -345.00 OPAdjustment date: 04/03/2001 LGIBBS
04/02/2001 SLUANG1 00000002 09621592
03 FC:699 -117.00 OP

It has now been discovered that Small Entity status in this application, although established in good faith, was nevertheless established in error.

In accordance with 37 CFR 1.28, it is therefore requested that this error be excused in view of the submission of an itemization, in accordance with paragraphs (c)(1) and (c)(2) of the rule, in conjunction with submission of the required deficiency payment.

Should any fee deficiencies have been inadvertently omitted, this letter shall serve as authorization to charge any such fees to our Deposit Account # 13-0439.

Respectfully submitted,



Ferris H. Lander
Registration # 43,377

McHale & Slavin, P.A.
4440 PGA Blvd., Suite 402
Palm Beach Gardens, FL 33402
(561) 625-6575 (Voice)
(561) 625-6572 (Fax)

I:\arc\WorkInProgress\FL\AMENDMNT.PAT\2132_005_FEEDEFICIENCY.wpd

Drawing Review Request Transmittal

Examining Group Person-Please complete the top part of this transmittal and attach it to the complete set of drawing. Deliver drawings and this transmittal form to 7B02 (Drafting Incoming Box).

Lisa Cook
Examiner/ Clerk

1641
Group/ Art Unit

12/5/01
Date

09/621 593
Application/ Serial Number

Number of Sheet(s) of Drawings

Transmitted:

☒ Complete set of drawings for review. No previous PTO-948 (formal)

____ Complete set of drawings for review. Latest PTO-948 attached.

DRAFTING PERSONNEL:

Complete new PTO-948 and return with drawing(s).

Comments: Thanks, Lisa (smiley)

